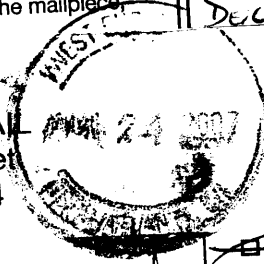


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits

Adam Melton
ROANOKE CITY JAIL
30 West Point Street
Roanoke, AL 36274

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

DECKER FARR

C. Date of Delivery

Is address different from item 1? ☐ Yesdelivery address below: ☐ No☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 7897

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540